

<i>SERFF Tracking Number:</i>	<i>UTAC-125534773</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Loyal American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38388</i>
<i>Company Tracking Number:</i>	<i>LOYAL-12-0004</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>Medicare Supplement Advertising</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Loyal American Life Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: UTAC-125534773 State: ArkansasLH

Advertising

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed State Tr Num: 38388

Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: LOYAL-12-0004 State Status: Filed-Closed

Other

Filing Type: Advertisement

Co Status:

Reviewer(s): Stephanie Fowler

Author: Melissa MacLaurin

Disposition Date: 03/28/2008

Date Submitted: 03/12/2008

Disposition Status: Filed-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 03/28/2008

State Status Changed: 03/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Re: Loyal American Life Insurance Company

NAIC # 65722 FEIN # 63-0343428

INVITATION TO INQUIRE

FORMS SUBMITTED

DESCRIPTION

LOYAL-12-0004

Medicare Supplement Advertisement Flyer

SERFF Tracking Number: UTAC-125534773 State: Arkansas
Filing Company: Loyal American Life Insurance Company State Tracking Number: 38388
Company Tracking Number: LOYAL-12-0004
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Medicare Supplement Advertising
Project Name/Number: /

LOYAL-12-0006 Medicare Supplement Advertisement Flyer
LOYAL-12-0007 Medicare Supplement Advertisement Flyer

TO BE USED WITH APPROVED POLICY FORMS

Form #	Form Name
1MSPA0001-AR	Medicare Supplement Policy Plan A
1MSPB0001-AR	Medicare Supplement Policy Plan B
1MSPC0001-AR	Medicare Supplement Policy Plan C
1MSPD0001-AR	Medicare Supplement Policy Plan D
1MSPF0001-AR	Medicare Supplement Policy Plan F
1MSPG0001-AR	Medicare Supplement Policy Plan G

-Approved March 02, 2004

Dear Sir or Madam:

The following forms are being submitted for your review and approval. These forms are new and do not replace any forms previously approved by your department. Please note that this filing contains no unusual or controversial items from the normal company or industry standards.

These forms will be marketed by career and independent agents.

If you should have any questions regarding this submission, please feel free to call me toll-free at 1-800-880-2745, extension 8755 or fax me at (512) 451-0357. My email address is mmaclaurin@gafri.com.

Thank you in advance for your consideration.

Sincerely,

Melissa MacLaurin
Compliance Analyst

SERFF Tracking Number: UTAC-125534773 State: Arkansas
Filing Company: Loyal American Life Insurance Company State Tracking Number: 38388
Company Tracking Number: LOYAL-12-0004
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Medicare Supplement Advertising
Project Name/Number: /

Company and Contact

Filing Contact Information

Melissa MacLaurin, mmaclaurin@gafri.com
11200 Lakeline Blvd Ste 100 (512) 583-8755 [Phone]
Austin, TX 78717

Filing Company Information

Loyal American Life Insurance Company CoCode: 65722 State of Domicile: Ohio
5508 Parkcrest Drive Group Code: 84 Company Type: Insurance
Company
P.O. Box 559004
Austin, TX 78755-9004 Group Name: State ID Number:
(800) 633-6752 ext. [Phone] FEIN Number: 63-0343428

Filing Fees

Fee Required? Yes
Fee Amount: \$75.00
Retaliatory? No
Fee Explanation: \$25.00 per form (\$25.00 x 3 = \$75.00)
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Loyal American Life Insurance Company	\$75.00	03/12/2008	18567379

SERFF Tracking Number:	UTAC-125534773	State:	Arkansas
Filing Company:	Loyal American Life Insurance Company	State Tracking Number:	38388
Company Tracking Number:	LOYAL-12-0004		
TOI:	MS06 Medicare Supplement - Other	Sub-TOI:	MS06.000 Medicare Supplement - Other
Product Name:	Medicare Supplement Advertising		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	03/28/2008	03/28/2008
Objection Letters and Response Letters			

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	03/25/2008	03/25/2008	Melissa MacLaurin	03/27/2008	03/27/2008
Pending Industry Response	Stephanie Fowler	03/13/2008	03/13/2008	Melissa MacLaurin	03/25/2008	03/25/2008

<i>SERFF Tracking Number:</i>	<i>UTAC-125534773</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Loyal American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38388</i>
<i>Company Tracking Number:</i>	<i>LOYAL-12-0004</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>Medicare Supplement Advertising</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 03/28/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UTAC-125534773

State: Arkansas

Filing Company: Loyal American Life Insurance Company

State Tracking Number: 38388

Company Tracking Number: LOYAL-12-0004

TOI: MS06 Medicare Supplement - Other

Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: Medicare Supplement Advertising

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Filed-Closed	Yes
Supporting Document	Certification	Filed-Closed	Yes
Form (revised)	Advertising Flyer	Filed-Closed	Yes
Form	Advertising Flyer	Disapproved	Yes
Form (revised)	Advertising Flyer	Filed-Closed	Yes
Form	Advertising Flyer	Disapproved	Yes
Form	Advertising Flyer	Disapproved	Yes
Form (revised)	Advertising Flyer	Filed-Closed	Yes
Form	Advertising Flyer	Disapproved	Yes

SERFF Tracking Number: UTAC-125534773 State: Arkansas
Filing Company: Loyal American Life Insurance Company State Tracking Number: 38388
Company Tracking Number: LOYAL-12-0004
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Medicare Supplement Advertising
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/25/2008
Submitted Date 03/25/2008
Respond By Date 04/25/2008

Dear Melissa MacLaurin,

Thank you for your response, this will acknowledge receipt of the captioned filing.

Objection 1

- Advertising Flyer (Form)

Comment: The "SAMPLE RATES FOR PLAN F" section of this form still reflects age banded, gender based rates under reference. Please revise.

Please feel free to contact me if you have questions.

Sincerely,
Stephanie Fowler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/27/2008
Submitted Date 03/27/2008

Dear Stephanie Fowler,

Comments:

Response 1

Comments: Please see the revised advertisement flyer per your request.

Thank you
Melissa MacLaurin
Compliance Analyst

Related Objection 1

Applies To:

SERFF Tracking Number: UTAC-125534773 State: Arkansas
 Filing Company: Loyal American Life Insurance Company State Tracking Number: 38388
 Company Tracking Number: LOYAL-12-0004
 TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
 Product Name: Medicare Supplement Advertising
 Project Name/Number: /

- Advertising Flyer (Form)

Comment:

The "SAMPLE RATES FOR PLAN F" section of this form still reflects age banded, gender based rates under reference. Please revise.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Advertising Flyer	LOYAL-12-0006		Advertising	Initial		0	LOYAL-12-0006-AR (3-27-08).pdf
Previous Version							
Advertising Flyer	LOYAL-12-0006		Advertising	Initial		0	LOYAL-12-0006 (3-5-08).pdf
Advertising Flyer	LOYAL-12-0006		Advertising	Initial		0	LOYAL-12-0006.pdf

No Rate/Rule Schedule items changed.

Sincerely,
 Melissa MacLaurin

SERFF Tracking Number: UTAC-125534773 State: Arkansas
Filing Company: Loyal American Life Insurance Company State Tracking Number: 38388
Company Tracking Number: LOYAL-12-0004
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Medicare Supplement Advertising
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/13/2008
Submitted Date 03/13/2008
Respond By Date 04/14/2008

Dear Melissa MacLaurin,

This will acknowledge receipt of the captioned filing.

Objection 1

- Advertising Flyer (Form)
- Advertising Flyer (Form)
- Advertising Flyer (Form)

Comment: Rule 41 Guideline 7-A(1)(8) prohibits "an advertisement which uses the word "plan" without identifying it as a Medicare Supplement Insurance policy..." Please add the word "policy" in the second sentence of Form LOYAL-12-0004 and to the "Medicare Supplement insurance plan" reference in Form LOYAL-12-0006.

AR Code Ann. 23-79-109(a)(4) states, "all Medicare supplement rates shall be based on a composite age basis only, and shall not be based on any age banding or other groupings." Gender based rates are not allowed." With that being stated, please revise the references to the "sample rates" reference in Form LOYAL-12-0006 and to the footnote sections of both LOYAL-12-0006 and LOYAL-12-0007.

Please feel free to contact me if you have questions.

Sincerely,
Stephanie Fowler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/25/2008
Submitted Date 03/25/2008

Dear Stephanie Fowler,

Comments:

SERFF Tracking Number: UTAC-125534773 State: Arkansas
Filing Company: Loyal American Life Insurance Company State Tracking Number: 38388
Company Tracking Number: LOYAL-12-0004
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Medicare Supplement Advertising
Project Name/Number: /

Response 1

Comments: Dear Ms. Fowler,

Thank you for your letter dated 03/13/2008. Pursuant to your request, we have amended the forms to say policy instead of plan. We have also corrected the rate descriptions so they no longer give examples of rates based on anything other than age.

If you have any questions or require additional information, please do not hesitate to let me know. My telephone number is (800) 880-8824 x8755, my facsimile number is (512) 451-0357, and my E-mail address is mmaclaurin@gafri.com.

Thank you for your assistance with our submission.

Sincerely,

Melissa MacLaurin
Compliance Analyst

Related Objection 1

Applies To:

- Advertising Flyer (Form)
- Advertising Flyer (Form)
- Advertising Flyer (Form)

Comment:

Rule 41 Guideline 7-A(1)(8) prohibits "an advertisement which uses the word "plan" without identifying it as a Medicare Supplement Insurance policy..." Please add the word "policy" in the second sentence of Form LOYAL-12-0004 and to the "Medicare Supplement insurance plan" reference in Form LOYAL-12-0006.

AR Code Ann. 23-79-109(a)(4) states, "all Medicare supplement rates shall be based on a composite age basis only, and shall not be based on any age banding or other groupings." Gender based rates are not allowed." With that being stated, please revise the references to the "sample rates" reference in Form LOYAL-12-0006 and to the footnote sections of both LOYAL-12-0006 and LOYAL-12-0007.

Changed Items:

SERFF Tracking Number: UTAC-125534773 State: Arkansas
 Filing Company: Loyal American Life Insurance Company State Tracking Number: 38388
 Company Tracking Number: LOYAL-12-0004
 TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
 Product Name: Medicare Supplement Advertising
 Project Name/Number: /

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Advertising Flyer	LOYAL-12-0004		Advertising	Initial		0	LOYAL-12-0004 (3-3-08).pdf
Previous Version							
Advertising Flyer	LOYAL-12-0004		Advertising	Initial		0	LOYAL-12-0004.pdf
Advertising Flyer	LOYAL-12-0006		Advertising	Initial		0	LOYAL-12-0006 (3-5-08).pdf
Previous Version							
Advertising Flyer	LOYAL-12-0006		Advertising	Initial		0	LOYAL-12-0006.pdf
Advertising Flyer	LOYAL-12-0007		Advertising	Initial		0	LOYAL-12-0007 (3-6-08).pdf
Previous Version							
Advertising Flyer	LOYAL-12-0007		Advertising	Initial		0	LOYAL-12-0007.pdf

No Rate/Rule Schedule items changed.

Sincerely,

<i>SERFF Tracking Number:</i>	<i>UTAC-125534773</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Loyal American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38388</i>
<i>Company Tracking Number:</i>	<i>LOYAL-12-0004</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>Medicare Supplement Advertising</i>		
<i>Project Name/Number:</i>	<i>/</i>		
Melissa MacLaurin			

SERFF Tracking Number: UTAC-125534773 State: Arkansas

Filing Company: Loyal American Life Insurance Company State Tracking Number: 38388

Company Tracking Number: LOYAL-12-0004

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: Medicare Supplement Advertising

Project Name/Number: /

Form Schedule

Lead Form Number: LOYAL-12-0004

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	LOYAL-12-0004	Advertising	Advertising Flyer	Initial		0	LOYAL-12-0004 (3-3-08).pdf
Filed-Closed	LOYAL-12-0006	Advertising	Advertising Flyer	Initial		0	LOYAL-12-0006-AR (3-27-08).pdf
Filed-Closed	LOYAL-12-0007	Advertising	Advertising Flyer	Initial		0	LOYAL-12-0007 (3-6-08).pdf



ATTENTION SENIORS

At Loyal American Life Insurance Company,[®] we offer a variety of Medicare Supplement policies* in [state]. If you are in the market for a Medicare Supplement insurance policy, we invite you to learn more about the service, value and security we can provide.

FOR MORE INFORMATION CALL:

[agent name]
[agent phone number]

Loyal American
Life Insurance Company[®]

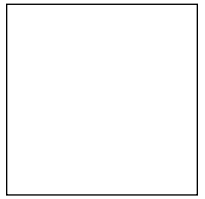
P.O. Box 559004
Austin, TX 78755-9004

LOYAL-12-0004

* For specific cost and further details of the coverage, including exclusions, and reductions or limitations and the terms under which the policy may be continued in force, see your agent or write to the company. Loyal American Life Insurance Company is not connected with Medicare, Social Security, or any other governmental agency. Do not send any money. You must first complete an application to obtain benefits.

3/3/08

John Q. Agent
1234 Mainstreet Blvd.
Anytown, USA 12345



Steve Senior
5678 Mainstreet Blvd.
Anytown, USA 12345

MEDICARE RECIPIENTS



Have we got a **Medicare Supplement insurance policy** for you...

This is a solicitation for insurance. An insurance agent will contact you.

Loyal American
Life Insurance Company®

PLACE
STAMP
HERE

John Q. Agent
1234 Mainstreet Blvd.
Anytown, USA 12345

THAT'S RIGHT!

Loyal American Life Insurance Company® is offering [Plan F] in Arkansas for:

SAMPLE RATE FOR PLAN F

\$112.⁰⁰/month

Plans A, B, C & D also available.

Rates vary by area.

FOR MORE INFORMATION FILL OUT THE REPLY CARD BELOW!

Yes! I am interested in being contacted about Loyal American Life Insurance Company's Medicare Supplement policies.

NAME _____ EMAIL _____

ADDRESS _____

TELEPHONE # _____ BEST TIME TO CALL _____

Please fill out the appropriate information, detach the lower portion, fold and mail!
[Agent Name] will contact you with more information.

Note: This is a commercial message from Loyal American Life Insurance, a private insurance company which is not an agency of Social Security, Medicare or any other governmental agency. The insurance company will contact you.

LOYAL-12-0006-AR

3/27/08

EXCLUSIONS AND LIMITATIONS

THIS IS A LIMITED POLICY which should be used to supplement your Medicare coverage. Neither Loyal American Life Insurance Company (Loyal) nor its agents are connected with Medicare or any government agency. Premium and benefits vary by plan selected. Plan availability varies by state.

This mailer applies to Medicare Supplement policy form: [Policy Form Number]. All of the Loyal Medicare Supplement policies are guaranteed renewable for life. Premiums can change on a class basis. The policy cannot be cancelled because of health changes. We guarantee to renew the policy each time the premium is received within 31 days of its due date.

Pre-existing conditions are not covered for the first six months. However, if you have continuous creditable coverage or are replacing an existing Medicare Supplement policy, you will get credit for the time you were covered toward meeting this six month exclusionary period. A pre-existing condition is an injury or illness for which medical advice or treatment was recommended or given by a physician within six months prior to the Effective Date.

These policies will not pay benefits for:

1. Any expense which You are not legally obligated to pay;
2. Any services that are not medically necessary as determined by Medicare;
3. Any portion of any expense for which payment is made by Medicare or for which payment would have been made by Medicare if You were enrolled in Parts A and B of Medicare;
4. Any type of expense not a Medicare Eligible Expense except as provided for in the policy

Loyal American
Life Insurance Company®

[AGENT NAME / ADDRESS / PHONE NUMBER]

LOYAL-12-0006-AR

3/27/08

MEDICARE SUPPLEMENT INSURANCE

By law, all carriers must provide the same benefits for Medicare Supplement insurance policies. What separates us from the competition is the care, talent and technology that we strive to give to our policy-holders.

When it comes to Medicare Supplement insurance,
We Make the Difference.



FOR MORE INFORMATION CALL: [AGENT NAME, AGENT PHONE NUMBER]

For specific cost and further details of the coverage, including exclusions, and reductions or limitations and the terms under which the policy may be continued in force, see your agent or write to the company. Loyal American Life Insurance Company® is not connected with Medicare, Social Security, or any other governmental agency. Do not send any money. You must first complete an application to obtain benefits.

LOYAL-12-0007

Loyal American
Life Insurance Company®

P.O. Box 559004
Austin, TX 78755-9004

3/6/08

MEDICARE SUPPLEMENT INSURANCE

By law, all carriers must provide the same benefits for Medicare Supplement insurance policies. What separates us from the competition is the care, talent and technology that we strive to give to our policy-holders.

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LOYAL-12-0007

Loyal American
Life Insurance Company®

P.O. Box 559004
Austin, TX 78755-9004

3/6/08

<i>SERFF Tracking Number:</i>	<i>UTAC-125534773</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Loyal American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38388</i>
<i>Company Tracking Number:</i>	<i>LOYAL-12-0004</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>Medicare Supplement Advertising</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	UTAC-125534773	State:	Arkansas
Filing Company:	Loyal American Life Insurance Company	State Tracking Number:	38388
Company Tracking Number:	LOYAL-12-0004		
TOI:	MS06 Medicare Supplement - Other	Sub-TOI:	MS06.000 Medicare Supplement - Other
Product Name:	Medicare Supplement Advertising		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied -Name:	Cover Letter	Review Status:	
Comments:		Filed-Closed	03/28/2008
Attachment:			
AR File Ltr.pdf			

Satisfied -Name:	Certification	Review Status:	
Comments:		Filed-Closed	03/28/2008
Attachment:			
AR Certification.pdf			



Loyal American Life
Insurance Company
P.O. Box 559004
Austin, Texas 78755-9004

Shipping Address:
11200 Lakeline Blvd
Ste 100
Austin, Texas 78717

*Phone 800-633-6752
Fax 512-451-0357*

March 12, 2008

Policy Form Filing Division
Life and Health Division
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Re: Loyal American Life Insurance Company
NAIC # 65722 FEIN # 63-0343428

INVITATION TO INQUIRE
FORMS SUBMITTED

LOYAL-12-0004
LOYAL-12-0006
LOYAL-12-0007

DESCRIPTION

Medicare Supplement Advertisement Flyer
Medicare Supplement Advertisement Flyer
Medicare Supplement Advertisement Flyer

TO BE USED WITH APPROVED POLICY FORMS

Form #	Form Name
1MSPA0001-AR	Medicare Supplement Policy Plan A
1MSPB0001-AR	Medicare Supplement Policy Plan B
1MSPC0001-AR	Medicare Supplement Policy Plan C
1MSPD0001-AR	Medicare Supplement Policy Plan D
1MSPF0001-AR	Medicare Supplement Policy Plan F
1MSPG0001-AR	Medicare Supplement Policy Plan G
-Approved March 02, 2004	

Dear Sir or Madam:

The following forms are being submitted for your review and approval. These forms are new and do not replace any forms previously approved by your department. Please note that this filing contains no unusual or controversial items from the normal company or industry standards.

These forms will be marketed by career and independent agents.

If you should have any questions regarding this submission, please feel free to call me toll-free at 1-800-880-2745, extension 8755 or fax me at (512) 451-0357. My email address is mmaclaurin@gafri.com.

Thank you in advance for your consideration.

Sincerely,

Melissa MacLaurin
Compliance Analyst

Arkansas Certification

This submission meets the provisions of Rule and Regulation 19, "Unfair sex discrimination in the sale of insurance" as well as all applicable requirements of this Department.

Melina Maglumi

, Compliance Analyst

Name and Title

March 12, 2008

Date

<i>SERFF Tracking Number:</i>	<i>UTAC-125534773</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Loyal American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38388</i>
<i>Company Tracking Number:</i>	<i>LOYAL-12-0004</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>Medicare Supplement Advertising</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Advertising Flyer	03/12/2008	LOYAL-12-0004.pdf
No original date	Form	Advertising Flyer	03/25/2008	LOYAL-12-0006 (3-5-08).pdf
No original date	Form	Advertising Flyer	03/12/2008	LOYAL-12-0006.pdf
No original date	Form	Advertising Flyer	03/12/2008	LOYAL-12-0007.pdf



ATTENTION SENIORS

At Loyal American Life Insurance Company, we offer a variety of Medicare Supplement plans* in [state]. If you are in the market for a Medicare Supplement insurance plan, we invite you to learn more about the service, value and security we can provide.

FOR MORE INFORMATION CALL:

[agent name]

[agent phone number]

Loyal American
Life Insurance Company®

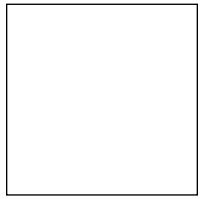
P.O. Box 559004
Austin, TX 78755-9004

LOYAL-12-0004

* For specific cost and further details of the coverage, including exclusions, and reductions or limitations and the terms under which the policy may be continued in force, see your agent or write to the company. Loyal American Life Insurance Company is not connected with Medicare, Social Security, or any other governmental agency. Do not send any money. You must first complete an application to obtain benefits.

3/3/08

John Q. Agent
1234 Mainstreet Blvd.
Anytown, USA 12345



Steve Senior
5678 Mainstreet Blvd.
Anytown, USA 12345

MEDICARE RECIPIENTS



Have we got a **Medicare Supplement
insurance policy** for you...

This is a solicitation for insurance. An insurance agent will contact you.

Loyal American
Life Insurance Company®

PLACE
STAMP
HERE

John Q. Agent
1234 Mainstreet Blvd.
Anytown, USA 12345

THAT'S RIGHT!

Loyal American Life Insurance Company® is offering [Plan F] in [State] for:

SAMPLE RATES FOR PLAN F

\$112.⁰⁰/month (65-year old female)

\$120.⁰⁰/month (65-year old male)

Plans A, B, C & D also available

FOR MORE INFORMATION FILL OUT THE REPLY CARD BELOW!

Yes! I am interested in being contacted about Loyal American Life Insurance Company's Medicare Supplement policies.

NAME _____ EMAIL _____

ADDRESS _____

TELEPHONE # _____ BEST TIME TO CALL _____

Please fill out the appropriate information, detach the lower portion, fold and mail!
[Agent Name] will contact you with more information.

Note: This is a commercial message from Loyal American Life Insurance, a private insurance company which is not an agency of Social Security, Medicare or any other governmental agency. The insurance company will contact you.

LOYAL-12-0006

3/5/08

EXCLUSIONS AND LIMITATIONS

THIS IS A LIMITED POLICY which should be used to supplement your Medicare coverage. Neither Loyal American Life Insurance Company (Loyal) nor its agents are connected with Medicare or any government agency. Premium and benefits vary by plan selected. Plan availability varies by state.

This mailer applies to Medicare Supplement policy form: [Policy Form Number]. All of the Loyal Medicare Supplement policies are guaranteed renewable for life. Premiums can change on a class basis. The policy cannot be cancelled because of health changes. We guarantee to renew the policy each time the premium is received within 31 days of its due date.

Pre-existing conditions are not covered for the first six months. However, if you have continuous creditable coverage or are replacing an existing Medicare Supplement policy, you will get credit for the time you were covered toward meeting this six month exclusionary period. A pre-existing condition is an injury or illness for which medical advice or treatment was recommended or given by a physician within six months prior to the Effective Date.

These policies will not pay benefits for:

1. Any expense which You are not legally obligated to pay;
2. Any services that are not medically necessary as determined by Medicare;
3. Any portion of any expense for which payment is made by Medicare or for which payment would have been made by Medicare if You were enrolled in Parts A and B of Medicare;
4. Any type of expense not a Medicare Eligible Expense except as provided for in the policy

Loyal American
Life Insurance Company®

[AGENT NAME / ADDRESS / PHONE NUMBER]

LOYAL-12-0006

3/5/08

MEDICARE RECIPIENTS

Have we got a Medicare Supplement insurance plan for you...



SAMPLE RATES* FOR PLAN F

\$112.⁰⁰ /month (65-year old female)

\$120.⁰⁰ /month (65-year old male)

Plans A, B, C & D also available

FOR MORE INFORMATION CALL:

AGENT NAME

###-###-####

*Rates vary by state, zip code, age, plan and payment option. Availability varies by state. Policies underwritten by Loyal American Life Insurance Company® ("Loyal"). Neither Loyal nor its agents are affiliated with Medicare or any other government agency.

LOYAL-12-0006

Loyal American
Life Insurance Company®

P.O. Box 559004
Austin, TX 78755-9004

3/5/08

MEDICARE SUPPLEMENT INSURANCE

By law, all carriers must provide the same benefits for Medicare Supplement insurance plans. What separates us from the competition is the care, talent and technology that we strive to give to our policy-holders.

When it comes to Medicare supplement insurance,
We Make the Difference.



FOR MORE INFORMATION CALL: [AGENT NAME, AGENT PHONE NUMBER]

*Rates vary by state, zip code, age, plan and payment option. Availability varies by state. Policies underwritten by Great American Life Insurance Company (GALIC). Neither GALIC nor its agents are affiliated with Medicare or any other government agency.

LOYAL-12-0007

Loyal American
Life Insurance Company*

P.O. Box 559004
Austin, TX 78755-9004

3/6/08